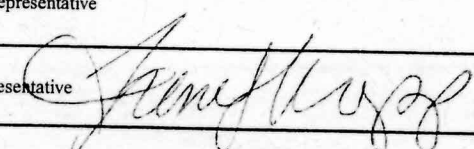


# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b>  <b>3. DATE RECEIVED BY STATE</b>  <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Applicant Identifier  State Application Identifier  Federal Identifier :
<b>5. APPLICANT INFORMATION</b>				
<b>Legal Name:</b> <b>State of New Jersey</b>		<b>Organizational Unit: NJDEP – Site Remediation and Waste Management Program</b>		
<b>Address (give city, county, state, and zip code):</b> <b>PO Box –413</b> <b>Trenton, NJ 08625-0413</b>		<b>Name and telephone number of the person to be contacted on matters involving this application (give area code)</b> <b>Edward Putnam, Asst. Director</b> <b>Div. of Remediation Mgt. And Response</b> <b>(609) 984-2990</b>		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <u>21-6000928/60-741-5197</u>		<b>7. TYPE OF APPLICANT: (enter appropriate letter here) <u>A</u></b> A. State                      H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal                J. Private University D. Township                K. Indian Tribe E. Interstate                L. Individual F. Intermunicipal           M. Profit Organization G. Special District        N. Other (Specify): _____		
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award    B. Decrease Award C. Increase Duration   D. Decrease Duration Other Specify: _____				
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <u>66-802</u> <b>TITLE: Superfund (CERCLA)</b>		<b>9. NAME OF FEDERAL AGENCY: U.S.E.P.A. Region II</b>  <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>  <b>Support Agency Assistance Remedial Planning and Remedial Action</b>		
<b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):</b>  <b>Statewide</b>				
<b>13. PROPOSED PROJECT:</b>		<b>14. CONGRESSIONAL DISTRICT OF:</b>		
<b>Start Date</b>  <b>10/1/2007</b>	<b>End Date</b>  <b>9/30/2008</b>	<b>a. Applicant:</b>  <b>12<sup>th</sup></b>		<b>b. Project</b>  <b>Statewide</b>
<b>15. Estimated Funding:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>  <b>a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON:</b> DATE <u>5/31/07</u>  <b>b. NO.</b> <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
<b>a. Federal</b>	<b>\$ 750,000</b>			
<b>b. Applicant</b>	\$			
<b>c. State</b>	\$			
<b>d. Local</b>	\$			
<b>e. Other</b>	\$			
<b>f. Program Income</b>	\$			
<b>g. TOTAL</b>	<b>\$ 750,000</b>			
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No				
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF. ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>				
<b>a. Typed Name of Authorized Representative</b> <b>Irene S. Kropp</b>		<b>b. Title: Assistant Commissioner</b>		<b>c. Telephone Number</b> <b>(609) 292-1250</b>
<b>d. Signature of Authorized Representative</b> 				<b>e. Date Signed</b> <u>6/7/07</u>

Previous Editions Not Usable

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Standard Form 424A (REV 4-88)  
Prescribed by OMB Circular A-102

# BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 0348-0044

## SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. SAA.	66.802	\$	\$	\$ 750,000	\$ 0	\$ 750,000
2.						
3.						
4.						
5. TOTALS		\$	\$	\$ 750,000	\$ 0	\$ 750,000

## SECTION B - BUDGET CATEGORIES

6. OBJECT CLASS CATEGORIES	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
a. Personnel	\$	\$	\$	\$	\$
b. Fringe Benefits 34.75%					
c. Travel					
d. Equipment	SEE ATTACHED	ASSISTANCE	FUNDING	ORDER	(AFO)
e. Supplies					
f. Contractual					
g. Construction					
h. Other					
i. Total Direct Charges (sum of 6a - 6h)					
j. Indirect Charges 21.24%					
k. TOTALS (sum of 6i and 6j)		\$	\$	\$	\$
7. Program Income	\$	\$	\$	\$	\$

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.	\$	\$	\$	\$	
9.					
10.					
11.					
12. TOTAL (sum of lines 8 and 11)	\$	\$	\$	\$	
SECTION D - FORECASTED CASH NEEDS					
13. Federal	(Total for 1st Year)	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
	\$ 750,000	\$ 187,500	\$ 187,500	\$ 187,500	\$ 187,500
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)	\$ 750,000	\$ 187,500	\$ 187,500	\$ 187,500	\$ 187,500
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (Years)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16.	\$	\$	\$	\$	
17.					
18.					
19.					
20. TOTALS (sum of lines 16 - 19)	\$	\$	\$	\$	
SECTION F - OTHER BUDGET INFORMATION <small>(Attach additional sheets if Necessary)</small>					
21. Direct Charges: \$		22. Indirect Charges: \$ *			
23. Remarks: 21.24% of Personnel and Fringe Benefits					

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**SUPERFUND****Support Agency Assistance****Assistance Funding Order**

Project / Budget Period : 10/1/1997 to 9/30/2008

Category	Current Budget	Change (+/-)	Revised Budget
Personnel	-	446,836	446,836
Fringe Benefits: 34.75%	-	155,276	155,276
Travel	-	20,000	20,000
Equipment	-	-	-
Supplies	-	-	-
Contractual	-	-	-
Construction	-	-	-
Other	-	-	-
Total Direct Costs	-	622,112	622,112
Indirect Costs : 21.24%	-	127,888	127,888
Total	-	750,000	750,000
Federal Share:	-	750,000	750,000
State Share:	-	-	-

Recommending Official :

EPA Project Coordinator :

Name : E. Putnam, Assistant Director

Name : C. Petersen

Signature :

Signature :

NOTE : ALL VALUES ARE REPORTED TO THE NEAREST DOLLAR (+/- \$1.00 DUE TO NORMAL ROUNDING CONVENTION)

# NJ Management Assistance Program FFY08

## BUDGET DATA--SALARY COSTS

<u>PROGRAM/OFFICE and POSITION TITLE(S)</u>	<u>Salary</u>	<u>Percent</u>	<u># Staff</u>	<u>Amount</u>
<u>Remediation Management and Response:</u>				
Assistant Director	104,739	2.00	3	\$6,284
Bureau Chief	94,394	2.00	7	\$13,215
Section Chief	97,512	4.00	15	\$58,507
Supervisor/State Project Officer	89,129	5.00	1	\$4,456
Case Manager	88,584	22.52	18	\$359,020
<u>Office of Management &amp; Budget</u>				
Grants Specialist/Administrative Analyst	85,030	3.00	1	\$2,551
Supervising Accountant	93,387	3.00	1	\$2,802
<b>TOTAL</b>				\$446,836
Fringe Benefits (Direct Salary * 34.75%)				\$155,276
Indirect Charges: [(Salary + Fringe Benefits) * 21.24%]				\$127,888
<b>Grand Total - Salary and Benefits</b>				\$730,000

## ASSURANCES - NON-CONSTRUCTION PROGRAMS

**Note:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

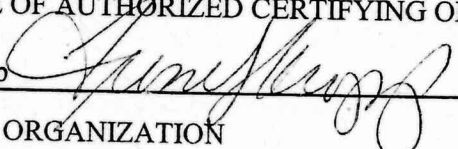
1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of the project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§ 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 795), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§ 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. § 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provision of the Hatch Act (5 U.S.C. §§ 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§ 276a-7), the Copeland Act (40 U.S.C. § 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§ 327-333), regarding labor standards for federally assisted construction subagreements.

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Prescribed by OMB Circular A-102



10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplain in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§ 1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. § 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§ 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.)
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL Irene S. Kropp 	TITLE Assistant Commissioner
APPLICANT ORGANIZATION NJ Department of Environmental Protection	DATE SUBMITTED 6/7/07

# DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse for public burden disclosure.)

Approved by OMB  
0348-0046

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance		<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award		<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____	
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, if known: 4c			<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  Congressional District, if known:		
<b>6. Federal Department/Agency:</b>			<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____		
<b>8. Federal Action Number, if known:</b>			<b>9. Award Amount, if known:</b> \$ _____		
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI):			<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI):		
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.			Signature: <u></u> Print Name: <u>Irene S. Kropp</u> Title: <u>Assistant Commissioner</u> Telephone No.: <u>609-292-1250</u> Date: <u>6/2/03</u>		
<b>Federal Use Only:</b>			Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)		



## CERTIFICATION FOR CONTRACTS, GRANTS, LOANS, AND COOPERATIVE AGREEMENTS

The undersigned certifies, to the best of his or her knowledge and belief, that:

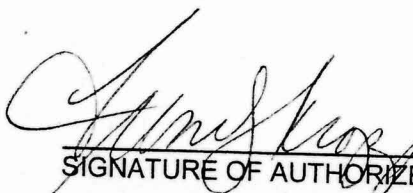
(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Irene S. Kropp, Assistant Commissioner SRWMP  
NAME/TITLE OF AUTHORIZED REPRESENTATIVE

  
SIGNATURE OF AUTHORIZED REPRESENTATIVE

6/2/02  
DATE

## Certification Regarding Lobbying

CERTIFICATION FOR CONTRACTS, GRANTS, LOANS AND COOPERATIVE AGREEMENTS

BY SIGNING AND/OR SUBMITTING THIS APPLICATION OR GRANT AGREEMENT, THE UNDERSIGNED CERTIFIES, TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF, THAT:

- (a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature & Title of  
Authorized Certifying Official



Dated

6/7/07

### Applicant's Organization:

NJ Dept. of Environmental Protection  
Site Remediation Program  
P.O. Box 413; 401 East State St.  
Trenton, New Jersey 08625-413



EPA Project Control Number  
Support Agency Assistance

United States Environmental Protection Agency  
Washington, DC 20460

## Certification Regarding Debarment, Suspension, and Other Responsibility Matters

The prospective participant certifies to the best of its knowledge and belief that it and its principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three year period preceding this proposal been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statement, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
- (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause of default.

I understand that a false statement on this certification may be grounds for rejection of this proposal or termination of the award. In addition, under 18 USC Sec. 1001, a false statement may result in a fine of up to \$10,000 or imprisonment for up to 5 years, or both.

Typed Name & Title of Authorized Representative

Irene S. Kropp, Assistant Commissioner Site Remediation and Waste Management Program

Signature of Authorized Representative

Date

☐ I am unable to certify to the above statements. My explanation is attached.



## PROCUREMENT SYSTEM CERTIFICATION

<b>APPLICANT'S NAME</b> NJ Department of Environmental Protection		<b>ASSISTANCE APPLICATION NUMBER</b>  Support Agency Assistance
<b>APPLICANT'S ADDRESS</b> Site Remediation Program 401 East State Street Trenton, NJ 08625		
<b>SECTION I – INSTRUCTIONS</b>		
The applicant must complete and submit a copy of this form with each application for EPA Assistance. If the applicant has certified its procurement system to EPA within the past 2 years and the system has not been substantially revised, complete Part A in Section II, then sign and date the form. If the system has not been certified within the past 2 years, complete Part B, then sign and date the form.		
<b>SECTION II – CERTIFICATION</b>		
A. I affirm that the applicant has within the past 2 years certified to EPA that its procurement system complies with 40 CFR Part 35 and that the system meets the requirements in 40 CFR Part 35. The date of the applicant's last certification is:		<b>MONTH/YEAR</b> 7/07
B. Based upon my evaluation of the applicant's procurement system, I, as authorized representative of the Applicant: <i>(Check one of the following:)</i>		
<input checked="" type="checkbox"/> 1. <b>CERTIFY</b> that the applicant's procurement system will meet all of the requirements of 40 CFR Part 35 before undertaking any procurement action with EPA assistance		
Please furnish citations to applicable procurement ordinances and regulations		
<input type="checkbox"/> 2. <b>DO NO CERTIFY THE APPLICANT'S PROCUREMENT SYSTEM.</b> The applicant agrees to follow the requirements of 40 CFR Part 35, including the procedures in Appendix A, and allow EPA preaward review of proposed procurement actions that will use EPA assistance.		
<b>TYPED NAME AND TITLE</b> Michael E. Vrancik, Manager	<b>SIGNATURE</b> 	<b>DATE</b> 5/31/07

## CERTIFICATION -- DRUG FREE WORKPLACE ACT OF 1988

By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.

The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification or otherwise violates the requirement of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.

A. The grantee certifies that it will or will continue to provide a drug-free workplace by:

- (a) publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the recipient's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) establishing a drug-free awareness program to inform employees about -
  - (1) the dangers of drug abuse in the workplace;
  - (2) the recipient's policy of maintaining a drug-free workplace;
  - (3) any available drug counseling, rehabilitation, and employee assistance programs; and
  - (4) the penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) making it a requirement that each employee to be engaged in the performance of the project be given a copy of the statement required by paragraph (a);
- (d) notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the award, the employee will --
  - (1) abide by the terms of the statement; and
  - (2) notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such convictions;
- e) notifying the Award Official within ten days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction;

(f) taking one of the following actions, within 30 days of receiving notice under subparagraph (d) (2), with respect to any employee who is so convicted --

- (1) taking appropriate personnel action against such an employee, up to and including termination; or
- (2) requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State or local health, law enforcement, or other appropriate agency;

(g) making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

**THE RECIPIENT SHALL INSERT IN THE SPACE PROVIDED BELOW THE SITE(S) FOR THE PERFORMANCE OF WORK DONE IN CONNECTION WITH THE SPECIFIC AWARD**

PLACE OF PERFORMANCE (street address, city, county, state, zip code)

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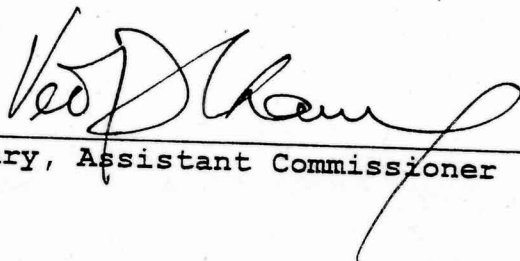
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Ved P. Chaudhary, Assistant Commissioner

6/6/07  
Date





JON S. CORZINE  
Governor

State of New Jersey  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
Budget and Finance  
P.O. Box 420  
428 East State Street  
Trenton, NJ 08625-0420

LISA P. JACKSON  
Commissioner

May 31, 2007

Mr. Roch Baamonde, Chief  
Grants and Contracts Management Branch  
U.S. Environmental Protection Agency  
290 Broadway, Floor 27  
New York, NY 10007-1866

RE: State Review Process  
Support Agency Assistance  
\$750,000

Dear Mr. Baamonde:

Enclosed is your copy of the State Application Review Package (SARP) for the above-referenced grant application. The deadline for comments is July 2, 2007.

If you have any questions, please contact me at (609) 984-4864.

Sincerely,

Therese A. Kell, Manager  
Federal Funds Administration

Enclosure

c. E. Putnam, Assistant Director

DEADLINE: The deadline for comments is July 2, 2007.

Due to the elimination of the Intergovernmental Review and Assistance Unit in the Department of Community Affairs, please send your comments directly to:

Roch C. Baamonde, Chief  
Grants & Contracts Management Branch  
U.S.E.P.A. Region II  
290 Broadway, Floor 27  
New York, NY 10007-1866

**NEW JERSEY STATE REVIEW PROCESS  
CERTIFICATION OF DISTRIBUTION OF APPLICATION REVIEW PACKAGE**

Pursuant to the intergovernmental review requirements of the State Review Process, the attached APPLICATION REVIEW PACKAGE is submitted for your review pursuant to the rules of the New Jersey State Review Process (NJAC 5:50).

**Applicant/Agency Name:** NJ Department of Environmental Protection  
**Organizational Unit:** Budget and Finance  
**Address:** P.O. Box 420  
Trenton, NJ 08625

**Contact Person:** Therese A. Kell, Manager  
**Telephone Number:** (609) 984-4864

**CFDA Number:** 66.802

**Federal Program Name:** CERCLA (Superfund) Support Agency Assistance

**Project Name:** Remedial Planning / Remedial Action Activities

**Federal Funding Agency Address:** Mr. Roch Baamonde, Chief  
USEPA Region II  
Grants and Contracts Management Branch  
290 Broadway, Floor 27  
New York, NY 10007-1866

**Federal Funds Requested:** \$ 750,000

**REVIEWING AGENCIES**

The APPLICATION REVIEW PACKAGE has been sent to the Reviewing Agencies checked below:

☒ (1) UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION II, GRANTS AND CONTRACTS MANAGEMENT BRANCH.

(2) COUNTY REVIEWING AGENCIES:

- |  |  |                                    |                                   |
|--|--|------------------------------------|-----------------------------------|
| <input type="checkbox"/> ATLANTIC                | <input type="checkbox"/> ESSEX                                   | <input type="checkbox"/> MIDDLESEX | <input type="checkbox"/> SALEM    |
| <input type="checkbox"/> BERGEN                  | <input type="checkbox"/> GLOUCESTER                              | <input type="checkbox"/> MONMOUTH  | <input type="checkbox"/> SOMERSET |
| <input type="checkbox"/> CAMDEN                  | <input type="checkbox"/> HUDSON                                  | <input type="checkbox"/> MORRIS    | <input type="checkbox"/> SUSSEX   |
| <input type="checkbox"/> CAPE MAY                | <input type="checkbox"/> HUNTERDON                               | <input type="checkbox"/> OCEAN     | <input type="checkbox"/> UNION    |
| <input type="checkbox"/> CUMBERLAND              | <input type="checkbox"/> MERCER                                  | <input type="checkbox"/> PASSAIC   | <input type="checkbox"/> WARREN   |
| <input checked="" type="checkbox"/> ALL COUNTIES | <input type="checkbox"/> NO APPLICABLE COUNTY REVIEWING AGENCIES |                                    |                                   |

**CERTIFICATION OF DISTRIBUTION OF APPLICATION REVIEW PACKAGE**  
(continued)

**(3) STATE REVIEWING AGENCIES:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> AGRICULTURE                            | <input type="checkbox"/> LAW AND PUBLIC SAFETY | <input type="checkbox"/> EDUCATION                     |
| <input type="checkbox"/> COMMERCE AND ECONOMIC DEVELOPMENT      | <input checked="" type="checkbox"/> HEALTH     | <input type="checkbox"/> MILITARY AND VETERANS AFFAIRS |
| <input type="checkbox"/> COMMUNITY AFFAIRS                      | <input type="checkbox"/> HUMAN SERVICES        | <input type="checkbox"/> TRANSPORTATION                |
| <input type="checkbox"/> CORRECTIONS                            | <input type="checkbox"/> LABOR                 |  |
| <input type="checkbox"/> NO APPLICABLE STATE REVIEWING AGENCIES |  |  |

**(4) AREAWIDE REVIEWING AGENCIES:**

- ☒ HACKENSACK MEADOWLANDS DEVELOPMENT COMMISSION  
☒ PINELANDS COMMISSION

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The undersigned certifies that an APPLICATION REVIEW PACKAGE consisting of the items checked below has been sent to the required Reviewing Agencies for review pursuant to the rules of the New Jersey State Review Process (NJAC 5:50).

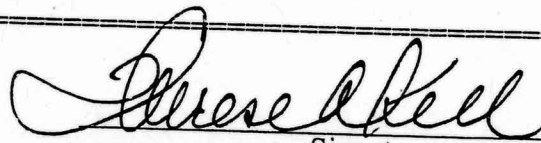
- (1) ☒ FEDERAL FORM 424 (box 16a must be completed)  
(2) ☒ PROJECT SUMMARY DESCRIBING PROPOSED ACTIVITIES  
(3) ☒ CERTIFICATION OF DISTRIBUTION OF APPLICATION REVIEW PACKAGE  
(4) ☐ SITE LOCATION MAP [For construction projects only]  
(5) ☐ PROJECT INFORMATION FORM [For construction projects only]

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**THIS APPLICATION REVIEW PACKAGE WILL NOT BE PROCESSED UNLESS THIS FORM IS SIGNED AND DATED BELOW.**

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5/31/07  
Date Signed

  
Signature

Manager, Federal Funds Administration  
Title

**COD/ARP/080894/6&9/0029**

# APPLICATION FOR FEDERAL ASSISTANCE

## 1. TYPE OF SUBMISSION

Application

☐ Construction

☒ Non-Construction

Preapplication

☐ Construction

☐ Non-Construction

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier :

## 5. APPLICANT INFORMATION

Legal Name: **State of New Jersey**

Organizational Unit: **NJDEP - Site Remediation and  
Waste Management Program**

Address (give city, county, state, and zip code):

**PO Box -413**

**Trenton, NJ 08625-0413**

Name and telephone number of the person to be contacted on matters  
involving this application (give area code)

**Edward Putnam, Asst. Director**

**Div. of Remediation Mgt. And Response**

**(609) 984-2990**

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

**21-6000928/60-741-5197**

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award B. Decrease Award

C. Increase Duration D. Decrease Duration

Other Specify: \_\_\_\_\_

7. TYPE OF APPLICANT: (enter appropriate letter here) A  
A. State H. Independent School District  
B. County I. State Controlled Institution of Higher Learning  
C. Municipal J. Private University  
D. Township K. Indian Tribe  
E. Interstate L. Individual  
F. Intermunicipal M. Profit Organization  
G. Special District N. Other (Specify): \_\_\_\_\_

10. CATALOG OF FEDERAL

DOMESTIC ASSISTANCE NUMBER: **66.802**

TITLE: **Superfund (CERCLA)**

9. NAME OF FEDERAL AGENCY: **U.S.E.P.A. Region II**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

**Support Agency Assistance Remedial Planning and  
Remedial Action**

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

**Statewide**

13. PROPOSED PROJECT:

14. CONGRESSIONAL DISTRICT OF:

Start Date

**10/1/2007**

End Date

**9/30/2008**

a. Applicant:

**12<sup>th</sup>**

b. Project

**Statewide**

15. Estimated Funding:

a. Federal

\$ **750,000**

b. Applicant

\$

c. State

\$

d. Local

\$

e. Other

\$

f. Program Income

\$

g. TOTAL

\$ **750,000**

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER  
12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE  
TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR  
REVIEW ON:

DATE **5/31/07**

b. NO.

☐ PROGRAM IS NOT COVERED BY E.O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation.

☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN  
DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE  
ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative

**Irene S. Kropp**

b. Title: **Assistant Commissioner**

c. Telephone Number

**(609) 292-1250**

d. Signature of Authorized Representative

e. Date Signed

Previous Editions Not Usable

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Standard Form 424A (REV 4-88)  
Prescribed by OMB Circular A-102

SUPERFUND MANAGEMENT ASSISTANCE  
REMEDIAL PLANNING GRANT  
GENERAL STATEMENT OF WORK

This Statement of Work (the "SOW") describes the general activities to be performed by the State of New Jersey (the "State"), Department of Environmental Protection ("DEP"), under the terms and conditions of the Remedial Planning Grant ("Support Agency Assistance"). DEP and the United States Environmental Protection Agency (the "EPA") will coordinate the actions to be undertaken on a site-specific basis. Under this Grant, DEP will receive financial assistance from EPA to continue ongoing initiatives to protect human health and the environment and remediate hazardous wastes.

The DEP will conduct and/or oversee the performance of site-specific activities at the request of EPA on Federal-lead sites; such activities include, but are not limited, to: general support, document review, coordination with other State and local governmental agencies, site access support (if needed), and remedy selection concurrence.

In addition, the DEP shall assist EPA in the management of CERCLA activities at Federal-lead sites, consistent with the provisions of 40 C.F.R. Part 35, Subpart O and 40 C.F.R. Part 300, Subpart E.



SUPERFUND MANAGEMENT ASSISTANCE  
REMEDIAL ACTION GRANT  
GENERAL STATEMENT OF WORK

This Statement of Work (the "SOW") describes the general activities to be performed by the State of New Jersey (the "State"), Department of Environmental Protection ("DEP"), under the terms and conditions of the Remedial Action Grant ("Support Agency Assistance"). DEP and the United States Environmental Protection Agency (the "EPA") will coordinate the actions to be undertaken on a site-specific basis. Under this Grant, DEP will receive financial assistance from EPA to continue ongoing initiatives to protect human health and the environment and remediate hazardous wastes.

The DEP will conduct and/or oversee the performance of site-specific activities at the request of EPA on Federal-lead sites; such activities include, but are not limited, to: general support, document review, coordination with other State and local governmental agencies; site access assistance (if needed); and property acquisition.

In addition, the DEP shall assist EPA in the management of CERCLA activities at Federal-lead sites, consistent with the provisions of 40 C.F.R. Part 35, Subpart O and 40 C.F.R. Part 300, Subpart E.